MESSA BALANCE+

Benefit Summary

HSA eligible	Yes
Deductible*	$1,600 single/$3,200 family
Certain in-network services such as annual exams, preventive screenings, childhood and adult immunizations, and certain preventive medications	Free
Annual out-of-pocket maximums*	$4,000 single/$8,000 family
Bundle of supplemental plans	Accident, Critical Illness, Hospital Indemnity
**Deductible is subject to change each Jan. 1 to remain HSA-eligible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.*	

Member cost-share for in-network medical services once deductible is met

Copayments	
Teladoc virtual 24/7 care (for minor illnesses or injuries)	$10
Teladoc virtual mental health visit	$10
Teladoc virtual primary care visit	$25
Office visit (e.g., primary care physician, obstetrics and gynecology, and pediatric visits)	$25
Outpatient mental health and substance use disorder treatment	$25
Chiropractic and osteopathic manipulations	$25 with a maximum of 12 visits (combined) per year
Specialist visit	$50
Urgent care	$50
Emergency room	$200, if not admitted

Coinsurance: 20% for services and appointments that do not have copayments. Some examples below.
Ambulance services
Hospitalization
Surgery
Diagnostic laboratory, pathology and radiology
Physical therapy, occupational therapy, speech therapy, and therapeutic massage performed by an approved provider (e.g., chiropractor, MD, DO, etc.) Maximum of 30 visits (combined) per year
Inpatient mental health and substance use disorder treatment Prior authorization required. Services, admissions and lengths of stay that do not have prior authorization will not be covered. Services must be medically necessary and provided by a payable provider.
Durable medical equipment (DME) Must be prescribed by a physician and purchased from a payable DME provider. Purchases made online or from a retail store are not covered and will not be reimbursed.

Supplemental plans and Rx plan ▶

Supplemental plans

MESSA's supplemental plans provide cash benefits in the event of a covered injury, illness or hospitalization for MESSA members and covered dependents. They are designed to work with your medical benefits to provide an extra layer of financial protection when you need it most. The payments you receive can be used to cover medical expenses, such as deductible, copayment or coinsurance, but they can also be used to cover bills, child care or anything else that can help relieve financial stress as you recover.

Accident Plan	Accidents happen when you least expect them, and this plan can help you be more financially prepared. It pays you cash benefits when you are faced with a covered accidental injury on or off the job to help you stay on top of your bills while you recover. This plan includes an organized kids' sports rider that increases payable benefits by 25%.
Critical Illness Plan	No one is truly ready to receive a diagnosis of a serious illness, but this plan pays cash benefits when you are diagnosed with a covered illness or condition after your coverage effective date. It helps relieve financial stress so you can focus on recovery. Members receive $50 a year per covered individual for qualifying health screenings and preventive care, such as certain immunizations for children and adults, mammograms and colonoscopies.
Hospital Indemnity Plan	This plan pays benefits when you have a hospital stay due to an illness, injury, surgery or childbirth. The plan pays a lump sum benefit for admission and a daily benefit for a covered hospital stay.

MESSA Balance+ Rx plan

Free preventive prescription drugs Covered at no charge — no deductible, no copayment and no coinsurance	Specific preventive medications mandated by federal law are covered 100%. Age and gender limits apply. MESSA Balance+ also features an expanded free preventive prescription drug list that includes and expands upon drugs and drug categories required by federal law; categories include alcohol dependence, breast cancer prevention, cholesterol, colonoscopy related, contraceptives, fluoride preparation, blood pressure lowering, prenatal vitamins, pre-exposure prophylaxis (PrEP) for HIV, and weight loss.
Retail and optional mail order delivery	34-day supply; 90 days if prescribed. Specialty drugs are limited up to a 30-day supply.
Prior authorization	Required for some medications to ensure compliance with FDA-approved safe prescribing guidelines. Your doctor will submit documentation to support the need for the prescription.
Quantity limits	Applies to some medications to ensure patient safety and appropriate use.
Step therapy	Required for some medications. Step therapy helps keep costs down while making sure you get the safest, most effective and reasonably priced medication available.

Copayments and coinsurance (after deductible is met)	
Generic drugs	$10 34-day supply / $30 90-day supply
Preferred brand-name drugs	$40 34-day supply / $120 90-day supply
Nonpreferred brand-name drugs	$80 34-day supply / $240 90-day supply
Preferred specialty drugs (includes generic specialty and preferred brand specialty)	20% coinsurance with a maximum of $150 for up to a 30-day supply
Nonpreferred specialty drugs	20% coinsurance with a maximum of $300 for up to a 30-day supply